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## ORIGINAL ARTICLE

### Pre-Operative concerns of a patient in a Rural setup :RURAL SETUP: An Indian Perspective

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**KEY WORDS :** Pre-operative concerns, Rural Setup, Counseling

#### ABSTRACT

**Objective :** To identify and appraise the concerns different patients have prior to undergoing surgery in a rural set up. **Method :** In this prospective survey, 207 patients completed a questionnaire regarding their concerns prior to undergoing surgery. Patients responded by answering the questions and sharing their concerns and fears. The study was conducted over a period of one year (2016 – 2017). **Results :** Patient population consisted of 207 consenting adults undergoing elective major and minor surgery in a rural setup. Patients included 149 men, 57 women and 1 newborn. The male:female ratio being 2.6:1.0. The age of the patients ranged from 10 years to 75 years. 150 patients were scheduled to undergo urological procedures, and remaining 57 were to undergo gastro intestinal surgeries. Out of all the concerns listed, 35.27% of the total patients who were also found to be unskilled laborers had foremost concern regarding the hospital and medical expenses. The female patients had soaring apprehensions about their family, children and other household works (24.64%). 18.36% patients confirmed having issues concerning postoperative backaches owing to spinal anesthesia. 7.73% patients were found to have mixed concerns. And only about 14% of patients said that they had no fear regarding their surgeries. **Conclusion :** In a rural setup, preoperative counseling of a patient by the doctor definitely helps in post operative recovery. In case of female patients, counseling of family members is also equally important. This data provides information that will be helpful in preoperative patient counseling and in generating awareness for patients undergoing surgeries and their relatives.

#### INTRODUCTION

Percutaneous Nephrolithotomy (PCNL), Ureteroscopy (URS), Transurethral Resection (TUR), Laparoscopic Appendectomy and Laparoscopic Cholecystectomy are some of the most commonly performed operations in Urology and Gastroenterology. Although information concerning the clinical and surgical outcome is abundant, little attention has been focused on the concerns of the patient prior to undergoing these minimal invasive or other major invasive surgeries. Going under the knife and being hospitalized is a stressful experience that affects the physical and psychological well being of a patient, which can adversely have an effect on post operative recovery and to some extent mental health of the patient and their relatives as well. Studies have reported that lack of preoperative preparation and counseling of patients, not addressing postoperative concerns and anxiety, and being insensitive to the negative thoughts and belief system of patients and their relatives are remarkably related with psychological and psychiatric disorders. In addition, review of literature have recommended that health-care professionals, especially surgeons, need to

counsel the patient and their family members before and after surgery, but doctors are usually unenthusiastic and least interested to provide essential information and counseling related to surgery and do not empathize toward the patients day-to-day concerns. In a rural set up patients with lower educational qualification and families belonging to lower socioeconomic group were also found to be least concerned and minimally informed. Unexpected sickness, non preparation for hospital stay, fears allied to surgical procedures, post operative follow ups, hospital and medical expenses, long hours of wait and caregivers responsibilities adds to the inconveniences and increases the stress and anxiety among patients and their families. Counseling is the guidance offered by trained therapist or doctors to help the patient and their family members resolve social, personal or medical problem. Offering counseling sessions is too time-consuming for today's busy surgeon owing to the increased outflow of patients and also due to the lack of training in communication. The purpose of this study is to document and examine the concerns patients have prior to undergoing above mentioned as well as

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other Urological and Gastro Intestinal procedures in both a large Trust Hospital and a moderately sized Urologic Private Practice.

### PATIENTS AND METHODS

Two hundred and seven (207) patients undergoing various urological and gastro-intestinal surgeries completed a questionnaire covering 12 items, regarding their personal data, concerns, issues and anxiety prior to surgery. Patients who could not understand English and Gujarati, who had psychiatric illness or mental retardation, or who refused to give consent and a few pediatric cases were excluded. The patients were given the survey after having met their surgeon before the surgery and also after the surgery was over. All the patients were interviewed when they were most comfortable resting in their cots in the presence of their relatives. The patients were surveyed at both a large trust hospital in Mahuva – Sadbhavna Trust Hospital, Kalsar, Mahuva, District Bhavnagar, Gujarat, India. And a moderate sized private practice hospital – Urocare Superspeciality Hospital, Mehsana, Gujarat, India. The information covered during the survey and the methods of delivery were standardized for all patients. General patient demographics, medical histories, current issues about anxiety regarding surgery, thoughts regarding same issues post surgery and how the anxiety, concerns and issues were taken care of were all documented.

Patients responded verbally and concerns were noted down and listed. Responses were examined for association with patients gender; i.e male or female, the type of surgery whether urological or gastrointestinal, private set up or trust hospital, the socioeconomic status of the patient (according to Prasad's classification), occupation of the patient, if the patient had had previous surgery, if the patient had a previous surgical complication and if the patient had discussed risks, concerns, and anxieties with the concerned surgeon.

### RESULTS

A total of 207 patients were interviewed in this perspective survey over a period of one year between 2016 to 2017, in a trust hospital and a private care hospital. The mean age of the respondent was 42.5 years (range 10 years to 75 years), 135 respondents were younger than 55 yrs and 66 respondents were aged 55 yrs or older (Table 1). 57 of the total 207 respondents were females and the remaining 150 were males respondents (Table 2). 72.46% of the patients were to undergo urological surgeries and the remaining 27.54% were to undergo gastrointestinal surgeries (Table 3 and Pie chart 1). There were 125 patients surveyed at the trust hospital and 82 surveyed at the private care hospital (Pie Chart 2). Almost all of the

female patients (24.64%), 51 women had concerns regarding their household work and their families as to who will take care of the household chores/children in their absence. Around 20.77% (43 patients) had concerns regarding pain relief, symptoms relief, recurrence of disease, medication, and recurrent hospitalization. 18.36% (38 patients) had had previous surgeries and all of them had experienced discomfort regarding backache due to spinal anesthesia, which made them anxious and they showed fear of anesthesia. 14.50% (30 patients) were either unskilled workers like laborers', watchmen, carpenters, car mechanics, tailors, farmers, goldsmiths etc. (Pie chart 3), all of these patients were mainly concerned about the expenses regarding the surgery and the medication and the number of days they will miss at work. 7.73% (16 patients) shared mixed concerns and issues like fear of surgery and hospitalization, caretakers role and responsibilities, anxiety etc. And the remaining 14% (29 patients) had no fears regarding their surgeries (Table 4).

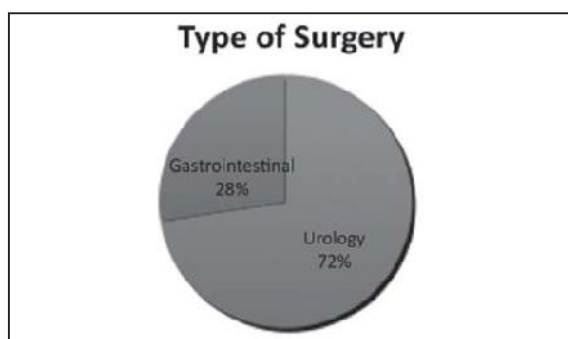
**Table 1 : Age Distribution**

Age range	No. of patients	Percentage
= < 20 years	20	9.66%
21 – 40 years	44	21.25%
41 – 60 years	100	48.32%
61 – 80 years	43	20.77%
Total	207	100%

**Table 2 : Sex Distribution**

Sex	No. of patients	Percentage
Male	150	72.46%
Female	57	27.54%
Total	207	100%

**Pie Chart 1 : Type of Surgery**



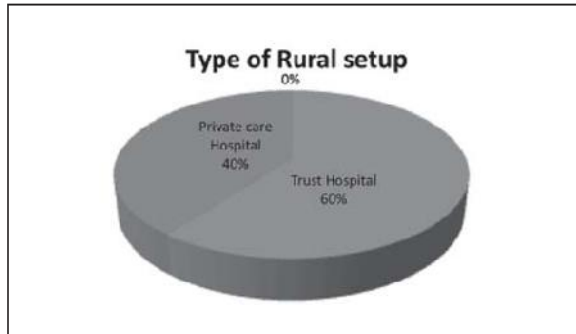
**Table 3 : Type of Surgery and Procedures carried out**

Type of surgery	Procedure	No. of patients	Percentage
Urology	PCNL	60	40%
	TUR	36	24%
	URS	3	22%
	Hernioplasty	09	6%
	Nephrectomy	03	2%
	Stricture Urethra	03	2%
	VesicoVaginal Fistula	03	2%
	Litholepexy	03	2%
Total		150	100%
Gastrointestinal	Lap. Appendectomy	15	26.31%
	Lap. Cholecystectomy	12	21.05%
	Hemorrhoids	12	21.05%
	Open Appendectomy	08	14.03%
	Open Cholecystectomy	03	5.26%
	ERCP	02	3.51%
	Epigastric Hernia	02	3.51%
	Liver abscess	01	1.76%
	Superficial Parotidectomy	01	1.76%
	Ileostomy closure	01	1.76%
Total		57	100%

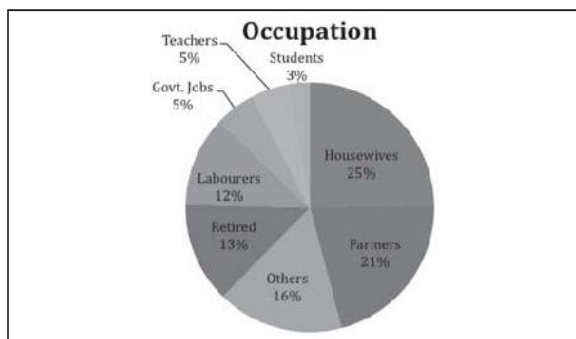
**Table 4 : Preoperative concerns of the patients**

Concerns and Issues	No. of patients	Percentage
Who will take care of the household chores/children (specially females patients).	51	24.64%
Pain relief, symptoms relief, recurrence of disease, medication, recurrent hospitalization.	43	20.77%
Fear of anesthesia (post operative backaches).	38	18.36%
Missing no. of days of work (patients working on daily wages).	30	14.50%
Mixed concerns and issues like fear of surgery and hospitalization, caretakers role and responsibilities, anxiety etc.	16	7.73%
No Fears, Anxieties and Concerns	29	14.00%
Total	207	100%

**Pie Chart 2 : Type of Rural setup**



**Pie chart 3 : Occupation of the patients**



### DISCUSSION

Percutaneous Nephrolithotomy (PCNL), Uteroscopy (URS), Transurethral Resection (TUR), Laparoscopic Appendectomy and Laparoscopic Cholecystectomy are some of the most commonly performed minimal invasive procedures in urology and gastroenterology that can be extremely distressing to the patients. Surgeons have appropriately focused their attention on outcomes after these surgeries, but patient concerns prior to undergoing these procedures have received little attention. Pain after the surgery, length of recovery, expenses, fear of anesthesia, care of the family members in absence (specially for female patient) were the most notable concerns of the group as a whole prior to any of the procedures.

Any surgery be it major or minimally invasive is a terrifying experience for the patient. It was observed that most of the time, neither the patients nor their family members are aware of the illness or the surgical procedures to be carried out. Thus, patients and their caregivers who are awaiting their turn for the proposed operation face and experience loads of worries and tensions which includes stress, anxiety, depression and may turn out to be uncooperative to the doctor and the treatment. Hence being sensitive and understanding towards the concerns of the patients and giving them pre operative counseling sessions will alleviate the fears, clarify concerns related to

surgery, duration of surgery, role of anesthesia, and to prepare the patients psychologically for surgical interventions, it will also give them a reasonable understanding of the planned surgery and its prognosis, further it will create awareness amongst them regarding the procedure and post surgical pain and complications if any. Studies have reported that giving preoperative counseling sessions has a positive effect on the patient and it minimizes the postoperative stress level, the pain and anxiety of the patients as well as their relatives. Another significant intervention needed in these counseling sessions is identifying, appraising and understanding the psychosocial necessities, issues and concerns of both patients and their family members.

Postoperative counseling too is equally necessary and helpful. This phase begins immediately after surgery and continuous until patient is discharged from the hospital. The purpose of the postoperative counseling is to deal with the postoperative fears, anxiety, concerns and other emotional issues if any. It also provides supportive care for patients and their relatives and builds up a rapport with the concerned doctor. The other day-to-day concerns such as suture removal, wound cleaning and dressing, pain education and management, drug compliance, and explaining the likely healing and recovery would be of immense assistance for the patients and their family members. A brief knowledge about illness and providing necessary guidance and counseling helps the patient to adjust with postoperative environment.

The family members of the patient too needs to be thoroughly educated regarding the illness, the causes, the procedure, the post operative prognosis and side effects, their role and their responsibilities in the hospital and at home. Studies have also reported that patients and their caretakers who are contented and satisfied with preoperative and post operative counseling sessions show significant improvement and demonstrate good psychological adjustments. Patients and their relatives who have not received any counseling or those that are dissatisfied with the sessions are more prone to develop psychological and psychiatric disorders. Consequently, both pre operative and postoperative counseling of patients and their relatives is crucial.

### CONCLUSION

In a rural setup be it private or a trust hospital preoperative and post operative counseling by the concerned operating surgeon definitely has many positive effects on patient's physical and mental recovery, coping efforts, attitude, it reduces anxiety and improves mood disturbances. Counseling helps in allowing the patient and family members to prepare for the future. In

case of female patients, counseling of relatives and other family members is also very important. In a concluding note, a doctor plays an important role by providing informational, educational and by addressing the concerns and the psychosocial issues of patients and their family members. The concerned surgeon ensures retaining the patient for follow-up and adhering them to treatment schedules in all the stages of their illness, be it preoperative or post operative, a trust hospital or a private setup. Therefore, every hospitalized patient undergoing any major or minor surgical procedure and their family members should be provided with pre operative, post operative and lastly pre discharge counseling sessions for effectively addressing the psychosocial needs and concerns of the patients and caretakers in a rural set up.

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